



NEWSLETTER

AIDS NETWORK OF EDMONTON SOCIETY

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HUMAN RIGHTS COMMISSION TO HEAR COMPLAINTS



On August 1, Human Rights Commission Chairman Fil Fraser invited all people, denied work or accommodation due to their HIV status, to take their complaints to the commission. Until then the commission only accepted cases involving people who had been diagnosed with AIDS or were perceived as having it.

Fraser noted that a recent report, by the Alberta Civil Liberties Research Centre, recommends that provincial legislation be amended to include "sexual orientation" and the perception of disability as prohibited grounds for discrimination.

AIDS activists applauded the recent commission decision to begin accepting complaints despite uncertainty about whether complainants are currently protected under provincial law.

Elaine McCoy, the minister responsible for the Alberta Human Rights Commission, said laws presently on the books may prohibit discrimination against asymptomatic HIV-positive individuals. She referred to the provision regarding physical disability. "If someone does believe that they are being discriminated against...

then their first response would be to go to the commission."

Barry Breau, Executive Director of the AIDS Network of Edmonton Society said the meeting with Ms. McCoy was positive but she gave no guarantees of when the necessary legislative changes would be made.

The commission's progressive moves in this area are significant and should be congratulated. It is evident, however, that more pressure must be brought to bear against the political arm of government to help expedite amendments to the Individual Rights Protection Act.

by: Shaun Mooney

INDIVIDUALS WITH CONCERNS ARE
URGED TO CONTACT THE HUMAN
RIGHTS COMMISSION AT 427-7661 or
1-800-432-1838.



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THURSDAYS 9 to 9

The Network office is open till 9 p.m. Thursday evenings for drop-in, visiting, appointments for counseling, use of the resource centre and a touching base opportunity for volunteers.

YOUTH AND AIDS

The WHO World Health Assembly for 1989 (8-9 May) featured technical discussions on the health of youth. World AIDS Day, 1 December 1989, will headline activities related to youth and AIDS. Why the focus on youth?

Nearly one half-up to 2 million- of those infected with HIV are under the age of 25, making AIDS a major concern for youth today. About 20% of all people who have AIDS are in their twenties. A large proportion of these individuals became infected during adolescence. It is clearly time to encourage a special emphasis on youth and AIDS.

How serious a risk is AIDS for young people? We know that HIV can infect anyone young or old as behaviour exposes them to the virus. Adolescence can be a period of profound physical and psychological change and behavioural experimentation. Rapid social changes have provided many adolescents with a wide range of behaviour styles from which to choose, some of which may be more likely to lead to HIV infection. Young people need to be aware of the possible consequences of unprotected sexual intercourse and experimentation with drugs. They may suffer without this awareness.

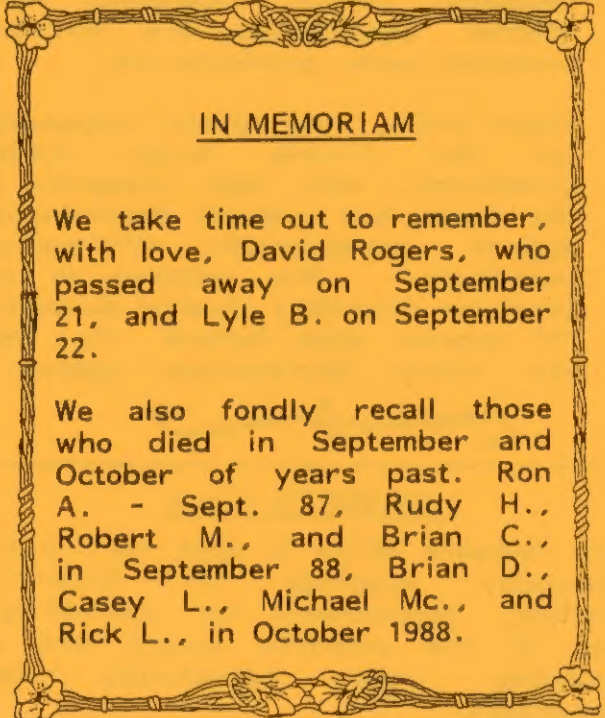
The problem may be significant. Cultural traditions, fears or other barriers may prevent young people from learning about sexual transmission and other modes of transmission or from acting on what knowledge they have. Parents and community leaders may not support communication about sexual matters because they may not wish to acknowledge that many young people are already sexually active. In areas where there are no cultural barriers to frank discussion, health promotion programmes which address sexuality may not exist because of lack of resources or because risk is not perceived. In other areas young people may not have ready access to modes of prevention such as condoms. Finally, for some young people living in poverty, sex with many partners in exchange for money or other goods may be seen as

one of the few options for making a living.

What is being done to prevent HIV infection among young people? Over 150 countries now have National AIDS Committees to advise on the development of AIDS prevention and control programmes. Of these, some 67 have medium term plans with a significant education and health promotion component. Both school-based programmes and programmes for out-of-school youth are included. Activities of both private and public sector institutions are encouraged. Through such programmes, every school child and every youth in touch with community outreach organizations ought to be informed about AIDS and how to stop the transmission of HIV infection to themselves and those around them.

WHO wishes to single out for special emphasis and attention programmes dedicated to youth and AIDS.

Reprint from: W.H.O. -Exchange 1989 # 2.



IN MEMORIAM

We take time out to remember, with love, David Rogers, who passed away on September 21, and Lyle B. on September 22.

We also fondly recall those who died in September and October of years past. Ron A. - Sept. 87, Rudy H., Robert M., and Brian C., in September 88, Brian D., Casey L., Michael Mc., and Rick L., in October 1988.



Ten Points on AIDS for World AIDS Day

1. AIDS is a new worldwide problem.

Over 150,000 cases of AIDS have been reported from more than 145 countries around the world. All communities can be affected by AIDS because the human immunodeficiency virus, HIV, that can cause AIDS can cross all boundaries, geographical and social. Worldwide, an estimated 5 to 10 million people are already infected with HIV.

2. We know how HIV spreads.

Fortunately, HIV can only be spread in three ways:

- * sexual intercourse
- * blood
- * from infected mother-to-infant.

3. To know how HIV spreads is to know how to prevent infection.

HIV can be spread by sexual intercourse – from man to woman, from woman to man and from man to man. HIV can also be spread through blood in two major ways: by receiving a transfusion of contaminated blood; or if needles or other skin-piercing instruments are used more than once without being properly cleaned and sterilized after each use. Finally, HIV can spread from infected mothers to their infants, either before, during, or after birth.

4. The sexual spread of HIV can be prevented.

The most effective means of preventing the sexual spread of HIV is by remaining with a faithful, uninfected partner or not having sexual intercourse at all. Otherwise, a person should reduce the number of their sexual partners as much as possible. People should avoid sexual intercourse with prostitutes or other people who have many sexual partners. Whenever having sexual intercourse with someone who might possibly be infected with HIV, a condom should be used – properly – from start to finish.

5. Infection through blood can be stopped in a variety of ways.

Fortunately, blood for transfusion can be tested for infection with HIV and discarded if contaminated. Needles and other skin-piercing instruments can be sterilized after each use. Drug users can – and should – stop injecting drugs; if they continue, they should use only sterile needles and not share them with anyone.

6. It is important to know how HIV is NOT spread.

HIV is NOT spread by casual contact at work or school, shaking hands, touching or hugging. It is NOT spread through food or water, by sharing cups or glasses, by sneezing, coughing, or insects, or in swimming pools or on toilets. Knowing how HIV is NOT spread helps people understand that there is no danger of becoming infected from casual contact.

7. AIDS affects us all.

There is no reason to fear people who are HIV-infected or have AIDS. They should not be discriminated against. They need our support to help them with the physical and emotional difficulties they face.

8. Information and education are vital.

Some day, medical research may give us a drug to cure AIDS or a vaccine to prevent AIDS. Until then, we must rely on changes in personal behaviour to prevent the spread of HIV. Information and education are therefore vital in the fight against AIDS.

9. A global mobilization for a global threat.

National AIDS programmes already exist in nearly all countries of the world. These programmes inform and educate people about AIDS, how to avoid becoming infected and how to protect others. National AIDS programmes are linked through the Global Programme on AIDS of the World Health Organization, which directs and coordinates the Global AIDS Strategy. Because AIDS is a global problem, it can only be stopped in one country if it is stopped in all countries.

10. Together, we can stop AIDS.

You can contribute to stopping AIDS, by making sure that you understand the **facts** about AIDS and helping others to do the same. The risk of AIDS is not about **who** you are or where you are. It's about **what** you do. We now have the opportunity to talk about AIDS, to learn, to teach and to speak out. Join the worldwide effort to stop AIDS.

AIDS

A worldwide effort will stop it



THE NAMES PROJECT

A Social Work Viewpoint

by: David C. Burke, Caseworker,
AIDS Calgary

To be involved in the Names Project is to be involved in a multilevel process of therapy that heals not only those who mourn, but also those who look upon the product of that mourning. A sense of completion around their grief is achieved, as each individual panel is completed, for those who knew the person with AIDS. As each panel becomes part of the larger body of panels, a public sharing of the gift of the person with AIDS further enhances the completion of the grieving process. At this level, society as a whole is asked to partake as the combined effort begins to tour nationally.

The history of folk art quilting brings to mind some of the essential aspects of what it is to be human: a sense of community, the interdependence of each quilter, the sum being greater than the parts. In the Names Project we can find these same elements along with the right to mourn those often shunned by society. It is a reminder that gay men don't die anonymously, that I.V. drug users are not much different from any one else, that those men and women with AIDS are in the end bearers of our humanity and inhumanity to each other.

Anthropologically the Names Project is tribal. It gives us a more inclusive view into who is family. Blood relatives begin to work with lovers that may have no legal status and relationships that were once divergent become solidified. This is the process of grief work at its best: isolated factions become one and permanent.

Sociologically the Names Project has impacted on the need for further education, not just around AIDS, but in our understanding of what our community, medical and social services agencies are about.

It is feminist work in its potential to push and redefine the meaning of our humanity to a new level, regionally, nationally and globally. It is in itself an education tool.

Finally, psychologically it provides a means for change for the extrovert and introvert alike, as they overcome the devastation and loss incurred by AIDS in their lives. Among its threaded themes we can begin to express our grief and longing for the deceased and begin to envision the gift that the dead love one gave in his or her dying. A gift that can be shared as the spiral of grief moves us to recovery.

★ ★ ★ WHEN YOU WISH UPON A STAR

The immortal words of Jimminy Cricket. We learned that when we need something badly enough and wished and prayed for it we could get it. We are hoping that that is true.

Today you can be our star. The Network needs your help. There is some equipment that would assist us to provide services. We hope that you or someone you know of can help us find them.

Our wish list includes the following new or used equipment and supplies:

- * legal sized filing cabinets
- * book cases
- * brown envelopes (various sizes)
- * 3 ring binders
- * stacking trays

Any help that you can give us in obtaining these items, or steering a corporate sponsor our way, will be greatly appreciated. Remember, the Network is a charitable organization and tax receipts are available.

TREATMENT DRUG AVAILABILITY EXPANDED

The media has recently focused attention on various treatments for PWA's. The treatments they concentrated on are more humane ways of dealing with life threatening illnesses. The new reality is that people with life threatening illnesses are not prepared to wait for the results of every possible test prior to using a new treatment. The governments of both Canada and the United States have begun to realize that and have released AZT and DDI on a compassionate basis.

A further treatment for PWA's is Aerosolized Pentamidine. Aerosolized Pentamidine is used for all patients after their first bout with PCP (Pneumocystis Carinii Pneumonia). All PWA's who have had a bout of PCP or whose T-4 cell count is below 200, which puts them at high risk for PCP are eligible for the treatment. Unlike alternatives, which are eaten and take time to pass through the bloodstream, Aerosolized Pentamidine goes directly into the lungs.

The University Hospital HIV Treatment Clinic presently has 14 of the machines necessary for the Aerosolized Pentamidine treatment. Since patients use them only once every two weeks there is not presently a problem of access. "The problem is in having the necessary technicians to organize the treatments," explains Dr. Geoff Taylor of the University HIV Clinic. "Unless planning begins now there will not be enough of them when demand gets higher."

Unfortunately hospital size machines are not economical for private care facilities. Smaller machines are available for individuals in home use but, it is not clear whether they can be properly sterilized for multi-patient use.

Canada and the United States have made AZT available for certain classifications of HIV infected persons. The decision was based on the results of a recently completed study which

indicated that the drug could slow the onset of the disease. The group eligible includes those persons who are asymptomatic and whose T-4 cell count is below 500. The T-4 cell count test is a simple blood test performed in their doctor's office.

Procedures are not yet in place for people in this category to receive AZT but, it is expected that they will be able to go to their doctors and have the treatment prescribed. Patients would then go to the University Hospital to receive the drug. It is hoped that AZT will soon be available from pharmacies, saving people unnecessary trips to the hospital. For persons who feel they may fall into the affected category you should see your doctor for testing.

Canada and the United States have recently released DDI (dideoxyinosine) under the emergency release program. DDI appears to be much less toxic than AZT and the toxicities it has are different enough to allow for more effective doses and combination therapies. DDI has been found to be effective in cases where people are resistant or allergic to AZT. It has the further benefit in that it can be taken less frequently than AZT. Under the emergency release program the patient's doctor would apply to Ottawa Health and Welfare for release in individual cases. The doctor would then get supplies free of charge from the manufacturer.

Advocates have requested that when released the drug be made available to people who, for various reasons, cannot take part in the tests.

Those reasons include; people whose bodies cannot tolerate AZT, people living too far from a test centre, people unable to get enrolled in a test, people too ill to qualify for the formal trial, people who need to stay on another medicine which disqualifies them and those with symptomatic HIV infection but with

T-4 cell counts too high to be accepted for the trial.

"The compassionate release of DDI through the Emergency Drug Release Program provides another form of treatment, and the form of hope, for people with HIV infection," said Perrin Beatty, Minister of National Health and Welfare, on September 28.

By: Caryle Cupid



BOOK REVIEW

DECADE OF THE PLAGUE

....a recently published book, addresses the human services side of sexually transmitted diseases (STDs) - AIDS, herpes, syphilis, gonorrhea, and other STD. Co-editor Dr. Margaret Rodway, a U of C social welfare professor, says the book "... takes an optimistic point of view. Nineteen contributing authors from across North America acknowledge that STDs are an accelerated problem, but that ways can be found to deal with it."

Decade of the Plague, addressed to a North American audience, tackles the topic from three dimensions: general policy perspectives, intervention, and education. Dr. Rodway says, looking at general policy perspectives, - "...at the societal level - may be the most difficult level to look at." This section includes an overview of the situation in Alberta and throughout North America, and an examination of the social and psychological aspects, concluding that a multidisciplinary approach to treatment currently not broadly employed - will have the most beneficial long-term effects.

The second section of Decades looks at issues of counselling or direct intervention with people with AIDS, and with their families, partners, friends, and the larger community in which they live. Says Dr. Rodway "You simply can't consider this disease in isolation, because people with AIDS

immediately affect their surrounding network. We're really trying to look at the need to work with the entire community. My own sense is that intervention has to be at the larger, public level". The third part of the book focuses on education, "...primarily of professionals in the areas, but we extended that look at educational strategies for the general public," says Dr. Rodway. "How can we reach the population particularly young people - maybe at more risk?"

"When society realizes there is a very serious problem, there are a number of reactions which can take place. Society can mobilize, as they do in times of war." But she notes that people don't feel threatened by AIDS, making mobilization difficult.

Decade of the Plague, (1988), Rodway, M.R. & Wright, M.(Eds), The Harrington Park Press Inc. is available at the University of Calgary bookstore or can be ordered through a local bookstore.



GAY MENS QUESTIONNAIRE

Are you a gay or bisexual man? A Master of Nursing student at the University of Alberta is carrying out a study of gay and bisexual men in Edmonton. The purpose of this project is to find out if there is a relationship between information about HIV antibody status and sexual practices. The results of this project will assist health professionals to promote health and better understand how AIDS can be prevented. If interested in completing an anonymous questionnaire, please leave a fictitious name and an address on a recording at 457-1524. A stamped, self addressed questionnaire will be mailed to you. Alternately, a questionnaire may be obtained at the AIDS Network of Edmonton Society (10704 - 108 Street, phone 424-4767).

Thank you for your participation.



SUPPORTS GROUPS

The Family Support Group and the Worried Well Group continue to meet regularly. These groups are holding their meetings bi-weekly on Wednesday evenings.

Contact the AIDS Network Support Services for more information on these groups.

HOSPITAL VISITING VOLUNTEERS UPDATE

Our Hospital Visiting has been initiated to support persons hospitalized with AIDS/HIV infections. Nine volunteers are presently involved in the program. They have provided excellent emotional support to people on four different units of the University Hospital including their family and friends.

Helen Wallace and Toni Molnar are volunteering with David Fitzgerald on implementing the "Team Management" project into the Hospital Visiting Program.

SUPPORT FOR YOU

Randy Harris, a counsellor from AADAC, will still be available to work with people on one-to-one basis around addiction problems. Contact the AIDS Network Support Services for more information or to reserve some time with Randy.

ROSS ARMSTRONG MEMORIAL
TRUST FUND UPDATE

Opening Balance (April 1, 1989)	\$6,405.83
Donations	\$ 412.60
Memberships	\$ 815.00
Interest	\$ 170.90
	\$7,804.33
less Grants (18)	\$4,722.25
Balance at 31 Oct. 1989	\$3,082.08

UPCOMING EVENTSo WORLD AIDS DAY - Dec. 1

1. Quilt Dedication Ceremony
at the Network Office - 4:30 p.m.
2. Evening Candlelight March
and public rally at the University of Alberta.

Theme: Our Lives, Our World
- Let's Take Care of Each Other"

Further information available from media and posters.

o Network Christmas Open House:

December 22 from 2 - 5 p.m.

Drop in for cheer and refreshments.

FUND RAISER

PURCHASE YOUR ENTERTAINMENT
90 BOOK FROM US.

ALSO - SEE "IT'S PUZZLING " INSERT.
EVERYTIME A PUZZLE IS SOLD WE GET
A COMMISSION.

CASINO

Jan. 10/11, 1990

PAID ADVERTISEMENT

CINDER - ELEGANCE JEWELRY & GIFTS
AT THE BOARDWALK MARKET

This coupon worth 10% off any
Regular priced merchandise

Valid until closing Dec. 20, 1989.
Enter draw for Cloisonne Tree by using
this coupon. Draw to be made Dec. 23,
1989.

Office Address:

10704 - 108 Street
Second Floor
Edmonton, Alberta
T5H 3A3

Telephone Number:

Info Line: 429-AIDS (2437)
Business Line: 424-4767

Office Hours:

Monday - Wednesday 9 am - 6 pm
Thursday 9 am - 9 pm
Friday 9 am - 6 pm

Information Line Hours:

Monday - Thurs 9 am - 9 pm
Friday 9 am - 6 pm
Saturday 11 am - 3 pm

The newsletter is published monthly by the AIDS network of Edmonton Society with the financial assistance from the HEALTH PROMOTION DIRECTORATE OF HEALTH AND WELFARE CANADA AND LEVI STRAUSS CO. (Canada) Inc.

The AIDS Network of Edmonton Society, incorporated in February, 1986, is a non-profit charitable organization (Reg. #0747212-11-25).

MEDICAL RESEARCH

Donations to AIDS Research can be made through the AIDS Network Research Trust Fund, administered by the University of Alberta. Donations are matched by provincial funds, and a charitable receipt is available.



The mandate of the AIDS Network is to provide support to those affected by AIDS and to educate and inform with a view to limiting its spread.

INFORMATION

An informational and support telephone line operates Monday - Saturday. Pamphlets and a lending resource library are available to agencies and the public.

EDUCATIONAL

A speakers bureau provides speakers for educational presentations to concerned groups.

Audiovisual materials and information files are available on loan.

COUNSELLING

Confidential one-on-one professional counselling services are available to persons directly or indirectly concerned about AIDS. Referrals to other professional services are made on request.

SUPPORT GROUPS

For persons who are concerned about their HIV status; who have tested positive for HIV antibodies; for persons with AIDS; for friends, families and partners of persons with AIDS.

ADVOCACY

Assistance will be provided to individuals facing difficulties in receiving services because of their health status.

SERVICES

The AIDS Network works to coordinate the services of supportive public and private agencies in all areas involved by the AIDS crisis.

The services of the AIDS Network of Edmonton Society are provided FREE and on a CONFIDENTIAL basis.



Ross Armstrong Office, 2nd Floor, 10704 - 108 Stret
Edmonton, Alberta, T5H 3A3
(403) 424-4767

AIDS NETWORK OF EDMONTON SOCIETY

APPLICATION FOR MEMBERSHIP

NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____ PHONE: _____

A \$25.00 membership contributes to the support of persons with AIDS, entitles you to receive a monthly newsletter, and the right to vote at the AIDS Network annual general meeting.

SIGNATURE: _____ DATE: _____

Please notify the AIDS Network if your address changes.

Please inquire about the reduced membership rates for students or the unemployed.



The AIDS Network of Edmonton Society is a member of the
CANADIAN AIDS SOCIETY/LA SOCIÉTÉ CANADIENNE DU SIDA